

## **ClaimsXten Select Frequently Asked Questions (FAQ)**

### **What is ClaimsXten Select and why has PHP implemented this software?**

ClaimsXten Select is a software solution that extends claims payment capabilities beyond traditional code auditing and resolves limitations in claims processing systems. ClaimsXten Select offers flexible, rules-based claims management with the capability of creating customized edits, as well as the ability to read historical claims data. The customization provides consistency in managing the complexities of benefit plans, provider contracts, and reimbursement policies. Overall, ClaimsXten Select will adjudicate claims in a manner that is more efficient and aligns with industry standards. Phase 1 of ClaimsXten Select will be implemented June 10, 2019.

### **Who does this affect?**

Physicians, other healthcare professionals, outpatient hospitals, and ancillary providers billing paper and electronic claims to PHP, will be evaluated and processed according to the ClaimsXten Select code-auditing software rules and clinical rationale.

### **How will this affect reimbursement?**

The implementation of ClaimsXten Select editing will not impact the reimbursement rates outlined in provider contracts. However, edits may impact how a claim or claim line is processed. Most of the edits being implemented are already applied to current claims. As a result, impact to most providers will be minimal. For example: if a NCCI code pair is billed without an appropriate modifier when the code is modifier eligible, an edit will be applied due to the missing required modifier.

### **Will there be changes in how providers submit claims?**

No. Providers should bill in accordance with industry standard billing which includes using current Centers for Medicare and Medicaid Services ("CMS") National Uniform Claim Committee ("NUCC") CMS form 1500 or UB-04 CMS-1450 ("UB04") form, whichever is appropriate, with applicable coding including, but not limited to, ICD-10 Current Procedural Terminology ("CPT"), Revenue ("Rev") Code and Healthcare Common Procedure Coding System ("HCPCS") coding.

### **How will we be notified of new edits?**

When new edits are implemented, notification will be published in one or more of the following: Provider Newsletter, PHP website and/or the Provider Portal. ClaimsXten Select will continue to be updated on a quarterly or as needed basis, as new CPT/HCPCS and NCCI edits are issued.



### **Will these edits have the ability to read historical claims data?**

Yes. ClaimsXten Select will identify services that have been previously submitted in conjunction with the current claim being evaluated. This may result in historical claims adjustments.

### **How can we identify claims/claim lines that have ClaimsXten Select edits applied?**

These are identifiable by the explanation codes on your Explanation of Payment (EOP) as well as within MyPHP Provider Portal. The explanation codes will start with lower case letters such as e, f, g, h, j, k, and l. A brief description of the edit rationale will be provided with the explanation code.

### **What if I disagree with how the claim was processed?**

If you disagree with an applied edit, providers will need to submit an appeal within 90 days from the date of the initial claim denial or adverse benefit determination. Appeals should include a narrative as to the reason for the appeal and supporting documentation, such as medical records or industry reference sources (NCCI table, AMA CPT/HCPCs, CMS MLNs, etc.) You can submit your appeal in writing by writing a letter or by using the Provider Appeal form located on our website at [phpmichigan.com](http://phpmichigan.com). You may mail or fax the appeal to:

ATTN: Customer Service, Provider Appeals  
PO BOX 30377 Lansing MI 48909-7877  
Fax: 517.364.8411

### **How can I determine if the codes I am submitting on a claim will be evaluated by ClaimsXten Select during claim adjudication and what will be the anticipated outcome?**

The edits within ClaimsXten Select are composed of CPT/HCPC, Centers for Medicare and Medicaid Services (CMS) and Correct Coding Initiative (CCI) coding and billing practices. At this time, an online tool is not available. However, an online tool will be available in the future. In the interim, resources such as the NCCI edit tables available CMS' website can be used to identify code pairs and the proper application of modifiers.